

Foster Family Home - Corrective Action Report

Provider ID: 1-170039

Home Name: Loridhel Ramoran, RN

Review ID: 1-170039-3

94-414 Kahuanani Street

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 6/4/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 6/4/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/4/19. PCG requests increase to 3 client CCFFH.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

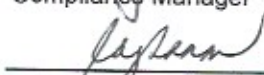
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(e)(3) Received by the department no later than seven days after the date of the notification that the individual:

Comment:

8.a.1 CG# 5 has lapse in APS/CAN and fingerprinting, it was due 1/11/2019 and then completed 2/22/2019.


Compliance Manager


Primary Care Giver

6/4/2019
Date

6/4/2019
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: LORIDHEL RAMONACCFFH Address: 94-414 KAHUANANUI ST. WAIKAPU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	CG#5 has lapse in ARS/CRA and fingerprinting 2/22/2019 it was due 1/11/2019 and then completed 2/22/2019. It was placed into home record. Lapse cannot be corrected.		Home understands the background check requirements. Home will use calendar on iPhone or physical calendar to input all due dates to prevent any future lapse.

Primary Caregiver's Signature: *Loridhel Ramona*Print Name: LORIDHEL RAMONADate of Signature: 6/4/2019